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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/419,056 10/15/2002  
 ✓mw

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 ✓mw

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/16/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>mw</i> Initials	STATE OR COUNTRY TN	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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TITLE  
 Methods for assessment of platelet aggregation

FILING FEE  RECEIVED 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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